BOROUGH OF CHATHAM.

Medical Officer's Report,

1895.

CHATHAM:

W. Hutchinson, Steam Printer, 258, High Street.

BOROUGH OF CHATHAM.

AREA IN ACRES 4,443·298. POPULATION, (CENSUS 1891), 31,657.

MALES 17,076. FEMALES 14,581.

TO THE MAYOR AND CORPORATION.

GENTLEMEN,

In the following Report I have endeavoured to place before you, as briefly and concisely as possible, a summary of the conditions affecting the health and mortality of your district, during the year ending December 31st, 1895, and to indicate the directions in which I consider the sanitary welfare of the town may be improved. Perfection is not attainable, but the policy of letting defects alone, because, up to the present, they have done no harm, is a mistaken one. The public are getting more fully alive to the benefits they gain from efficient sanitary administration, and are beginning to see that it is a false economy not to spend money on such sanitary improvements as experience has shown to be productive of gain in the shape of less disease and fewer deaths. Disease and death cannot be banished—they are part of the conditions of human existence—but many of them can be prevented, and it has been shown elsewhere that the remarkable diminution of the death rate, which has taken place in England during the last 20 years, has been concurrent with the great advance which has taken place in methods of sanitation during the same period.

The necessities of providing a pure and plentiful water supply; of the frequent removal of refuse; of proper drainage; of the widening, paving, and general cleanliness of streets; adequate ventilation in and around buildings; the prevention of over-crowding; the provision of Isolation Hospitals; and the facilities given under the Notification Act for promptly dealing with cases of infections disease; are measures which every modern community, with any regard for its own sanitary welfare, must endeavour to bring about.

All statistics embodied in the Report are calculated on an estimate of the population up to the middle of 1895, based on the assumption that the annual ratio of increase during the intercensal period, 1881-91, is being maintained during the present decade. Acting on this assumption, I have estimated the population at 33,880.

The total number of births registered during the year was 979—

males 498, females 481; birth rate 28·9 per 1,000. During the year 1894 the births only numbered 902, giving an exceptionally low rate of 26·9 per 1,000.

The total number of deaths registered was 580, and out of this number 156 occurred in the public institutions of the district, viz.:—127 in the Medway Union Workhouse, and 29 in Melville Hospital. As many of the deaths occurring in these institutions were of persons belonging either to Rochester or Gillingham, certain deductions must be made from the above total, and in order to get a correct return, the deaths of those persons who belong to Chatham, but who died whilst inmates of St. Bartholomew's Hospital, or of St. Williams' Hospital, both situated in the Rochester district, must be added. The corrected return is as follows:—

Total deaths registered	580
Deductions as above	36
	544
Additions	48
	592

Rate of mortality 17·5 per 1,000.

The deaths registered during each month of the year were—in January 53, February 57, March 73, April 42, May 40, June 37, July 56, August 50, September 39, October 49, November 34, December 50.

It will be noticed that the mortality was greatest during the first quarter of the year. Beginning with January, the deaths were rather below the average, rising slightly in February, and considerably in March. It will be remembered that a prolonged and severe frost occurred in January and February, but after its break-up in the latter month, a very large amount of sickness prevailed throughout the district, much of it being due to Influenza and its complications. There was a rapid decline in the mortality in the second quarter of the year, followed by a rise in July and August, owing to the prevalence of Diarrhœa, after which the death rate again declined, and ramained at a low level for the remainder of the year. It is worthy of note that there were fewer deaths registered in November than in any month of the year. This is contrary to rule, and although the deaths were few, much general illness prevailed.

The following table shows the estimated population, birth and death rates, since the year 1887:—

Year.	Population.	Births.	Deaths.	Birth Rate.	Death Rate.
1887	29562	1031	563	45·0	19·04
1888	30086	1009	552	33·5	18·3
1889	30609	956	541	31·2	17·3
1890	31132	972	615	31·2	19·7
1891	31657	932	600	29·4	18·7
1892	32310	973	576	30·1	17·8
1893	32961	941	620	28·5	18·9
1894	33357	902	509	23·9	15·2
1895	33880	979	592	28·9	17·5

The number of deaths occurring at different ages was as follows—

Under 1 year	144
1 and under 5 years	50
5 ,, 15 ,, ...	35
15 ,, 25 ,, ...	31
25 ,, 65 ,, ...	198
65 and upwards	134

This grouping into ages is in accordance with the Local Government Table A, which I have filled in and appended to this Report.

In order to more correctly estimate the mortality in different parts of the Borough, I have divided it into localities, using for this purpose the three Municipal Wards. The Medway Workhouse and Melville Hospital are treated as separate localities. The population of each Ward has been estimated according to the number of houses on the rate books, this being the only available method of judging the number of persons in each locality, and, according to this estimate, the rate of mortality in each Ward is as follows:—

St. Mary's Ward	15·1 per 1000
Luton Ward	12·1 ,,
St. John's Ward	10·3 ,,

These figures corroborate the fact that a comparatively high mortality obtains in every district where poverty and overcrowding, both of individuals in a house and of houses on land, is present, and, compared with the other portions of the Borough, St. Mary's Ward has an excess of these conditions.

The infant mortality, or proportion of deaths under 1 year of age to every 1000 births, is 148 per 1000, being higher than in 1894, when it was extremely low, owing chiefly to the almost total absence of infantile Diarrhœa during that year. When it is considered that the above figures mean that out of every 7 children born during 1895 —one died before it was a year old—the thought arises that surely much of this great mortality is preventable. These figures do not show any excessive infant mortality in this district, but are fairly typical of the country generally, and are evidence of the ignorance and carelessness which many mothers show in the management of their infants. The chief of these errors are the administration of defective and improper diet—such as sour milk from dirty bottles, bread and water, arrowroot (sometimes with milk, but more often with water), corn flour, and other starchy, improper foods. Flatulence, with pain, and often Diarrhœa, are produced, and the infants become restless and fretful. Soothing syrups or cordial are administered, not, as a rule, with any malign intent, but often with the result of hastening a fatal termination. All medical men can testify to the truth of the above statement. The absence of pure air and want of cleanliness, so often found in the dwellings of the poor, are potent factors in causing contamination and sourness of the milk on which infants are fed, and the inefficient manner in which many of them are clothed, both day and night, tends to favour chilliness of the body, and the development of the Bronchitis and Pneumonia which is so fatal amongst infants. It is only by frequently drawing attention to these fertile causes of mortality, that any alteration can take place, and the remedy lies in the gradual inculcation of the elementary principals of hygiene amongst all classes. It is certainly a fit subject for teaching amongst girls in elementary schools, and no opportunity should be lost, by those who know better, of endeavouring to point out these abuses, and the means of remedying them, to the numerous parents whose offspring often perish from the neglect born of ignorance.

Sex.—The total number of deaths registered amongst males was 309, and females 271.

From diseases of the Respiratory organs, excluding Phthisis, the number of deaths was 91, as compared with 75 in the previous year, whilst the deaths from Phthisis, or Tuberculosis, were 91, as against 84 in 1894.

The rate of mortality from Phthisis is 2·7 per 1000.

In my Reports for 1893 and 1894, I drew attention to the conditions which tend to foster and propagate this disease, which is now universally regarded as having such infective properties, as may, under certain unfavourable circumstances, cause the disease amongst individuals exposed to these conditions. Insanitary surroundings are undoubtedly predisposing causes, and their removal has invariably, after a time, lowered the death rate from this disease.

Diseases of the Heart caused 64 deaths, and 16 deaths were due to different forms of violence.

Diseases of the Zymotic class, including 10 who died in St. Williams' Hospital, and 1 in St. Bartholomew's Hospital, caused 61 deaths, as against 44 in 1894—equal to a mortality of 1·8 per 1000.

The death rate from diseases of this class, although often adopted as the criterion of the sanitary condition of a district, is by no means so, because such diseases as Whooping Cough , Smallpox, or Scarlatina whilst causing a large number of deaths, may occur quite independently of any insanitary conditions. Certainly, a constantly high death rate from Enteric Fever, or Epidemic Diarrhœa, would indicate such conditions, but the fact that many zymotic diseases will occur, irrespective of these conditions, renders this rate not always a satisfactory guide to the state of public health generally.

The diseases from which deaths occurred were—Scarlet Fever 2, Diphtheria and Membranous Croup 11, Enteric or Typhoid Fever 10, Measles 2, Whooping Cough 7, Diarrhœa 29.

During the first half of the year there was very little Scarlet Fever in the district, but during the last six months it has prevailed somewhat extensively. The Chart attached to this Report shows graphically the number of cases reported weekly. In all, 123 cases were notified, and 97 were removed to St. Williams' Hospital. As this institution is used jointly by the Chatham and Rochester districts, its accommodation has been severely taxed during the last half of the year, and, on more than one occasion, patients have had to wait for admission. The only means of checking the spread of such a disease as Scarlet Fever in small houses where there are several children, is by early removal of the first case, and if a severe epidemic should occur, a deficiency of hospital accommodation would be a strong factor in spreading and prolonging the disease. At present, the benefits offered by hospital isolation are eagerly accepted by the public, and I feel certain that that the prompt removal of the majority of cases notified, has been of great help in limiting the growth of the epidemic. The disease has not unduly prevailed in any particular district, and the cases have been, for the most part, of a mild type. Doubtless the great factor which has been at work in spreading Scarlet Fever, has been the presence of unrecognised cases, which have been so mild as to escape the notice of parents, but have still been capable of originating the disease amongst those with whom they came in contact. During the year I have come across two instances of this nature, and was able to trace the outbreak of disease amongst neighbouring children to these particular sources. In every household disinfection, by means of the evolution of sulphurous acid gas, has been carried out; but, personally, I do not consider any method of disinfection perfectly satisfactory, unless the clothes and bedding have been subjected to the action of super-heated steam in a properly constructed disinfecting apparatus, and an apparatus of this description can now be obtained at a comparatively small cost. The kind made by Reck, of Copenhagen, which is patented in this country, and is in use in several towns, is one of the best and cheapest.

Twenty-nine cases of Diphtheria and Membranous Croup were notified during the year, and 11 deaths occurred. The attacks have been of a severe character, as shown by the large mortality. Only 8 cases were notified during the first ten months of the year, and 21 during November and December. These last cases occurred in fifteen households. Thirteen patients were admitted into St. Williams' Hospital, and the remainder were treated at their own homes. The epidemic has not been confined to any particular portion of the Borough, although at the time of writing nearly the whole of the returns are from the Luton district. In only seven households were any drainage defects present, and the true cruse of the outbreak is not very clear.

Of late years there has been a considerable increase of Diphtheria in urban districts, but at present the true origin of this disease is obscure. Two remarkable facts stand out clearly : one is, that whilst the mortality from Enteric Fever, Diarrhœa, and Phthisis has largely diminished since the introduction of improved methods of sanitation, that of Diphtheria has increased ; and the other is, that this increase has, to a great extent, followed the extension of compulsory education —obviously by the greater aggregation of susceptible children. The disease seems to prevail most in damp weather, and on damp soil. Its presence is furthered by foul accumulations in the soil around dwellings, and in the open privy cess-pits, which are such a striking feature in this locality, and which, in most cases, are unventilated, except through the seat. My idea is, that outbreaks of Diphtheria are in some way connected with the rise of the subsoil water, such as would follow prolonged and heavy rainfall, and that by this means infective micro-organisms, always present in polluted soil, are let loose, and become air-borne. These emanations cause a prevalence of sore throats, often of an apparently simple character, and it has been shown, where there is an aggregation of suitable material, such as occurs with children of school age, that what is an apparent change of type in the character of these throats takes place, and that they, as it were, form a suitable soil for the reception and development of the micro-organism peculiar to Diphtheria. These conditions of soil are, to a great extent, found in the Luton valley, the subsoil of which, being clay, is naturally damp. Formerly, a considerable portion was used as a brickfield, and comes, more or less, under the heading of "made" ground. Ashes, mingled with organic rubbish of all kinds, were largely used, and a great quantity of this filth became embedded in the soil on which houses have since been erected. Of course, after the lapse of some years, these impurities are got rid of by the chemical changes constantly taking place in the soil; and, as tending to support my contention that a polluted subsoil, in which organic changes are taking place is, at any rate, a predisposing, if not actual cause of Diphtheria, I would instance the fact that the majority of the cases have occurred, and are still occurring, in the newer houses, where the soil has been comparatively recently disturbed. I do not say that Diphtheria is always allied with these conditions, but it frequently is so; and most of you will call to mind some buildings in another part of the Borough, erected on what was nothing but a rubbish heap, and where, at intervals, cases of Diphtheria have occurred.

There were 30 cases of "Fever" notified during the year, 27 of these being Enteric or Typhoid Fever, 1 Continued, and 2 Puerperal Fever. Of the Enteric Fever cases, 21 were removed to St. Williams' Hospital, and in all cases such measures as were considered necessary were taken, in order to check the further spread of disease. Ten deaths were registered from this cause, three of them being in Melville Hospital, and not originating within the Borough.

Of Erysipelas, 60 cases were notified. For the most part the reporting of these cases is perfectly useless from a sanitary point of view, and I regret that it is not in your power to dispense with it.

The total number of cases of all kinds notified during 1895 was 242, classified as above.

In addition to the diseases scheduled under the Notification Act, there are some others of an infectious character which require mention ; These are Measles, Whooping Cough, and Diarrhœa.

Measles has not been prevalent during the year, and only two deaths were registered from this cause.

From Whooping Cough 7 deaths were registered, whilst from Diarrhœa there were 29 deaths. This latter disease tends invariably to become prevalent at the end of hot summers, and flourishes most in dirty, ill-ventilated, and overcrowded localities. A relation between the temperature of the soil and outbreaks of Diarrhœa has been shown to exist. When a certain temperature is reached, the micro-organisms of the disease become active, and probably, in the case of young infants, reach the alimentary canal by means of the food. Breast-fed infants are notably less prone to the disease than those artificially reared, and a practical point in the prevention of the disease, is that more care should be used in the storage of food. In most small dwellings—and it is in the poorer quarters where the disease is most prevalent—there is absolutely no suitable place for keeping food, which, as a rule, is stored in situations where it tends to become contaminated. If the milk, which is the principal sustenance of infants, were only taken in quantities for immediate consumption, and invariably boiled when first received, a considerable difference would be made.

With respect to Influenza, 4 deaths were registered as being directly attributable to that disease. It reappeared in the district towards the latter end of February, after the break-up of the prolonged frost, and caused a very large amount of sickness throughout the Borough. It was not, however, so severe as in the previous outbreaks, nor did it last very long, and by the end of March had practically disappeared.

It is the duty of every Medical Officer of Health to draw attention in his Annual Report, to the means adopted in his district for the storage and disposal of excremental and other filth, and there is no duty at once so important, and so unpopular, as that of urging upon your Council the advisability of seriously facing and considering such evils as result from the primitive method of disposing of refuse now existing in this Borough ; but it is my duty to comment upon such conditions as may affect the health of the district. It is simply unreasonable to suppose, that the presence of large masses of decomposing filth, such as exist in the vicinity of houses throughout the district, can be conducive to health, or can bear comparison with the benefits of a system which would carry away refuse whilst in a fresh and comparatively harmless condition. Many of these privy pits are within a few feet of the door, many of them actually abutting on the walls of dwelling-houses; and, as they are none of them really watertight, their liquid contents soak into the foundations, and into the soil around dwellings. In several cases they have to be emptied through the houses—than which a more disgusting process cannot well be imagined. I am not one of those people who think that the adoption of main drainage would be a *panacea* for all the ills we suffer, nor do I counsel undue haste in this question. The expense and the difficulties of draining satisfactorily a place like Chatham are very great, but I think there can be no difference of opinion on the comparative merits of sewerage *versus* cesspool and privy pit; and, unless the question is faced in the near future, the reputation of the Borough must suffer.

The water supply of the district continues to be excellent in quality and abundant in quantity. As a beverage, I do not think it could be improved, but for domestic use and manufacturing purposes its hardness is a drawback. There are still a few wells existing in the Borough: several of them have been closed during the year, analysis of the water having discovered organic pollution. Besides the Company's supply, and the presence of a few wells, a portion of your district is supplied with water from another source, and as the conditions of supply are different from what obtains in the district generally, I have collected some particulars, which I now bring before your notice. The area referred to is that portion of Ordnance Place enclosed between Ordnance Street, Cannon Street, Fort Pitt Street, and Ordnance Terrace, and in all ninety-nine houses have this supply. The source of supply is from a deep well under the windmill at the corner of Cannon Street, and it is distributed for one hour daily, one portion of the houses receiving their supply on Monday, Wednesday, and Friday, and the other portion on Tuesday, Thursday, and Saturday. I may say at this point, that the water, when supplied, is of excellent quality, but that, under the conditions of storage prevalent at most of the houses, it is obviously exposed to great risks of contamination, besides being, in many cases, insufficient to ensure proper domestic cleanliness. The following examples of storage I have taken at random from the particulars in my possession, which were obtained for me by your Assistant Sanitary Inspector:—

> "In baths and pails in the wash-house where they boil the clothes."
>
> "In any vessel they happen to have not in use."
>
> "Cask close to privy."
>
> "Tubs close to untrapped drain."
>
> "Open cask next to privy."
>
> "One small cask in-doors."

The above quotations are a fair sample of the whole, and in some houses the tenants have no storage whatever, and either catch a pail or two of water when it is turned on, or borrow the little they use from a neighbour. The only remedy is to have a daily supply to each house, and to insist on the provision of proper covered storage tanks, so as to preserve the water from contamination after its delivery to the consumer.

The Common lodging-houses have been regularly inspected with a view to the maintenance of proper cleanliness, and the provision of adequate cubic space for each occupant.

The Slaughter-houses throughout the district are fairly well kept, and clean, some of them being particularly so, and the owners as a body are invariably desirous of doing what lies in their power in order to minimise the nuisance which rapidly occurs at any place where the slaughtering of animals takes place without due regard to cleanliness.

The condition of the Bake-houses, Dairies, and Cow-sheds is, on the whole, improving, and I trust that the inspections which now take place will be productive of further benefit. In thus speaking, I must remark that the general arrangement and cleanliness of some places leaves little to be desired; but in others there is such an amount of laxity, that if it were not for the visits of sanitary officials, I am afraid they would relapse into a very dirty and neglected condition.

I think there has been some improvement in the collection of house refuse during the year, the work having, with some exceptions, been performed with greater regularity.

During the year I have furnished your Sanitary Committee with various Special Reports regarding insanitary conditions, the most notable being with respect to a large number of dwellings in St. Mary's Ward. A small amount of good has resulted from this, but it merely touches the fringe of the subject, and the whole of the district reported upon can only be dealt with satisfactorily in a much more comprehensive manner than has hitherto been the case. On the whole, a good deal of useful work has been done by the systematic inspection of houses in various parts of the Borough.

The revision of bye-laws urgently calls for the consideration of your Council. They are essential for the well-being of the Borough, and for the guidance of your officials, and I trust that another year will not pass without this question being settled.

There has not been much sanitary legislation in 1895, and the only Act having any bearing on public health, is the Factory and Workshop Act, 1895, which strengthens the existing law, and creates new provisions in the interests of the health of factory operatives. Section 29 I may specially refer to, as extending the principle of disease notification. According to this section, every medical practitioner called to a patient suffering from lead, phosphorous, or arsenical poisoning, or anthrax, contracted in any workshop or factory, shall send notice of this to the Chief Inspector of Factories at the Home Office, receiving the same fee, and being subject to the same penalty for neglect as in the case of the Infectious Diseases Notification Act.

In conclusion, I can congratulate you on the fact that, in spite of many adverse conditions, a fairly good standard of health has been maintained throughout the district, and I trust that the gradual improvement of the condition of the Borough, which has been taking place for some years, will be continued. Thanking you for the courteous consideration which my Reports and suggestions have invariably received at your hands,

I have the honour to remain,
Your obedient Servant,
J. HOLROYDE,
Medical Officer of Health.

CHATHAM,
February 15th, 1896.

Appended are the following Tables :—

TABLE A.—Showing deaths during 1895, classified according to diseases, ages, and localities.

TABLE B.—Showing population, births, and new cases of sickness during 1895, classified according to diseases, ages, and localities.

TABLE I.—Inspector's Report of sanitary work completed during 1895.

TABLE II.—Showing births, deaths, and rate of mortality in 1895.

TABLE III.—Showing deaths from all causes, and from certain special causes, during each quarter of 1895.

CHART.—Showing weekly returns of Scarlet Fever.

TABLE I.

INSPECTOR'S REPORT OF SANITARY WORK IN 1895.

Applications for removal of ashes	331
Number of inspections of houses and premisies	180
Wells closed	8
Houses disinfected	120
Drains trapped	141
Drains cleared and ventilated	25
New cesspools provided	17
New privies provided	8
New dust-bins provided	24
Number of lodging-houses registered	12
Number of bakehouses registered	35
Number of licensed cow-sheds	18
Number of licensed slaughter-houses	18
Animals removed—improperly kept	30
Removal of accumulations of manure	9
Seizures of unsound food	3

TABLE II.

Showing Births, Deaths, and rate of mortality in 1895.

Births.	Deaths.	Birth rate.	Annual rate of mortality per 1000, from				
			All causes.	Severe Principal Zymotic Diseases.	Phthisis.	Lung Diseases.	Heart Diseases.
979.	592.	28.9.	17·5.	1.8.	2.7.	2·7.	1·9.

TABLE III.

Showing Births, Deaths from all causes, and from certain special cause during each Quarter, 1895.

Quarter ending	Births.	Deaths.	Deaths from			
			Severe Principal Zymotic Diseases.	Phthisis.	Diseases of Lungs.	Heart Disease.
March 31st.	267	183	6	30	45	24
June 30th.	240	119	3	26	21	10
September 30th.	240	145	27	21	9	15
December 31st.	222	133	13	14	16	15

NOTE.—The above Return is of Deaths occurring within the Borough.

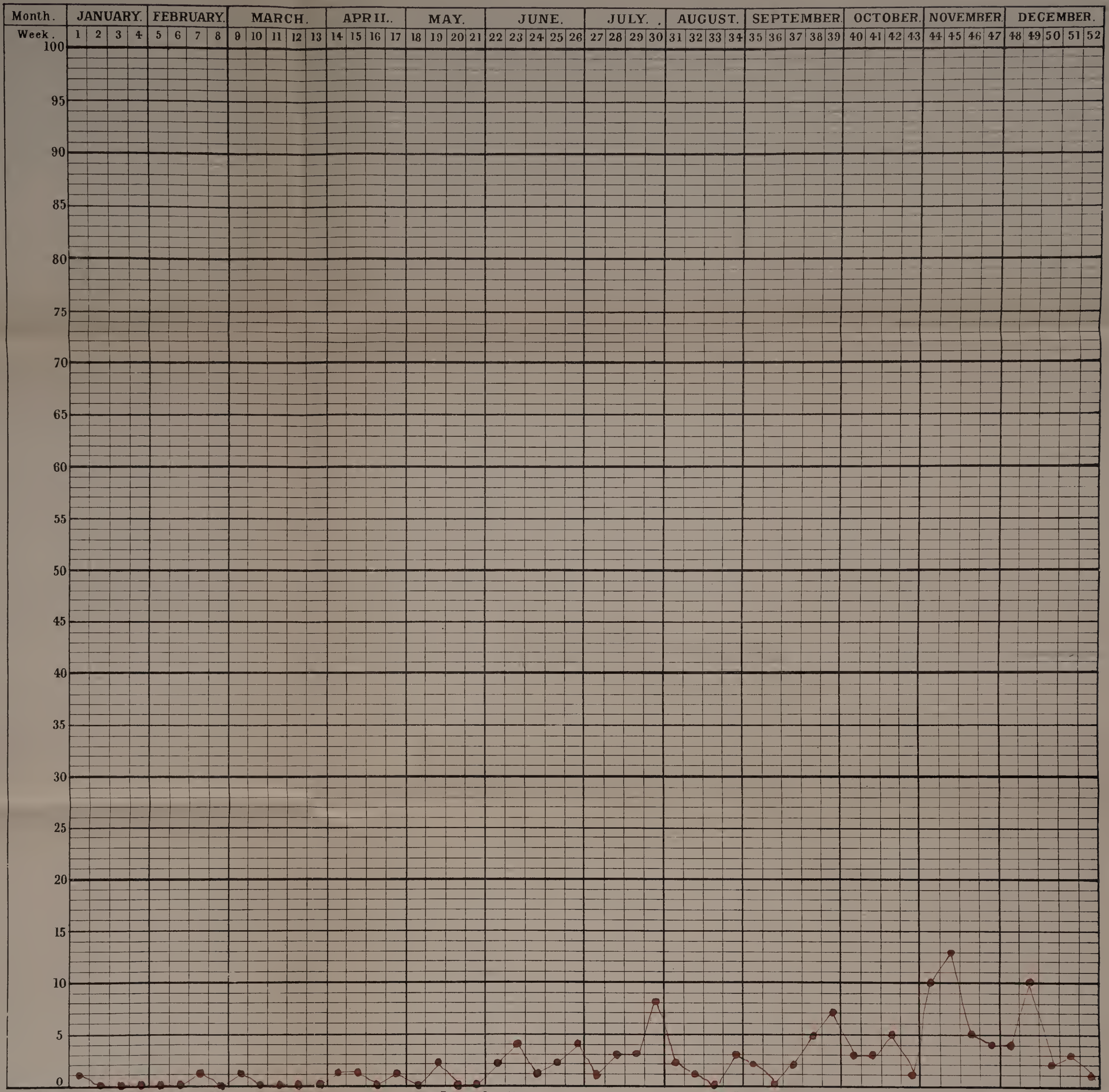
(A) Table of Deaths during the year 1895, in the Chatham Urban District, classified according to Diseases, Ages, and Localities.

NAMES OF LOCALITIES adopted for the purpose of these Statistics; Public Institutions being shown as separate localities.	MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.								MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.														
	At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.		Scarlatina.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fever.	Measles.	Whooping Cough.	Diarrhœa and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia, and Pleurisy.	Heart Disease.	Influenza.	Injuries.	All other Diseases.	Total.
St. MARY'S WARD..	158	54	13	6	5	44	36	Under 5		1			1	4	7		7	17			3	27	67
								5 upwds.	1							3	18	14	18		5	32	91
LUTON WARD	159	46	13	8	5	51	36	Under 5		2	1		1		7		2	10			4	32	59
								5 upwds.		1		1			2	2	19	12	15	4	2	42	100
St. JOHN'S WARD	107	36	16	3	3	25	24	Under 5		2					8		4	6			1	31	52
								5 upwds.							1		12	4	15			23	55
MEDWAY WORKHOUSE ..	127	9	1	8	2	53	54	Under 5							1		3	2				4	10
								5 upwds.						2	2		20	19	14			60	117
MELVILLE HOSPITAL.. ..	29				11	16	2	Under 5															
								5 upwds.				3			1		6	7	2		1	9	29
TOTALS ..	510	145	43	25	26	189	152	Under 5		5	1		2	4	23		16	35			8	94	118
								5 upwds.	1	1		4			6		75	56	64	4	8	166	392
THE SUBJOINED NUMBERS HAVE ALSO TO BE TAKEN INTO ACCOUNT IN JUDGING OF THE ABOVE RECORDS OF MORTALITY.																							
Deaths occurring outside the district among persons belonging thereto.	48	1	8	10	5	21	3	Under 5		3		1		1				1			3		9
								5 upwds.	1	1		5					7	3	2		8	12	39
Deaths occurring within the district among persons not belonging thereto.	36	2	1			12	21	Under 5									2					1	3
								5 upwds.									3	1	5				33

(B.) Table of Population, Births, and of New Cases of Infectious Sickness, coming to the knowledge of the Medical Officer of Health, during the year 1895, in the Chatham Urban District; classified according to Diseases, Age, and Locations.

Names of Localities adopted by the purpose of these Statistics; Public Institutions being shown as separate localities.	Population of all ages.		Registered Births.	Aged under 5 or over 5.	New cases in sickness in each locality, coming to knowledge of the Medical Officer of Health.							Cases removed from homes in several localities for treatment in Isolation Hospital.		
	Census 1891.	Estimated to middle of 1895.			Scarlatina.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Scarlatina.	Diphtheria.	Enteric Fever.
ST. MARY'S WARD		10435		Under 5	16	5		2			5	15	4	1
				5 upwds.	26	6		11		1	16	19	2	10
LUTON WARD		13120		Under 5	10	6	2				4	7	1	
				5 upwds.	34	4		1	1		17	24	2	1
ST. JOHN'S WARD		10325		Under 5	8	3		4			3	8	1	2
				5 upwds.	27	3		9		1	13	24	3	7
MEDWAY WORKHOUSE.. ..				Under 5	1									
				5 upwds.	1						2			
MELVILLE HOSPITAL				Under 5										
				5 upwds.										
TOTALS	31657	38880	979	Under 5	35	14	2	6			12	30	6	3
				5 upwds.	88	13		21	1	2	48	67	7	

Scarlet Fever
Weekly returns during 1895



THE "MEDICAL OFFICER'S OF HEALTH" CHART. ENT. AT STA. HALL. *Printed & Published by Danielsson & Co 52, Beaumont St. London W.*

Notes: Scarlet Fever was practically non existent until the month of June The influence of school holidays is noticeable during August and September, and was again apparent at the end of the year.